

## AFFIRMATIVE ACTION / EQUAL OPPORTUNITY COMPLAINT FORM

I. TYPE OF COMPLAINT: On what basis do you believe you were discriminated against?

Check all that apply			For AA Office Use Only
A.   RACE/COLOR  Native American/ Alaskan Nati Black/African American	D. □ NATIONAL ORIGIN  ve E. □ DISABILITY □ Accessibility	H. □ GENDER □ Female □ Male	Date Received
<ul><li>☐ Hispanic</li><li>☐ Asian/Pacific Islander</li><li>☐ White/Other</li></ul>	☐ Reasonable Accommodatio	n I. □ SEXUAL HARASSMENT	Received by
B. □ RELIGION	F. □ VETERAN STATUS	J. □ SEXUAL ORIENTATION	
C. □ AGE □ Over 40	G. □ SWALE POLICY	K. □ RETALIATION	
Home Address:	Me	me Telephone No.:ssage Telephone No.:	
Work Address:		rk Telephone No.:	
•	Student Worker H.	☐ Student ☐ Administrator ☐ Job Applicant ☐ Usual Student Assume	Applicant
IV. EMPLOYEE/STUDENT INFO Date of Hire/ Year in School: College/ Department:			
Department:	ARE DISCRIMINATING AGAINST	C. Name: Department:	
B. Name :		D. Name:	
	AY HAVE KNOWLEDGE OF THE	E DISCRIMINATORY TREATMENT YOU	OU RECEIVED:
Department:Position:		Department: Position:	
		Phone:	
		D. Name:	
Position:		Position:	
Phone:		Phone:	
		1 110110.	

## VII. BRIEFLY DESCRIBE HOW YOU BELIEVE YOU WERE DISCRIMINATED AGAINST: (For each incident provide: date, location and names of persons involved) DATE LOCATION INCIDENT ATTACH ALL RELEVANT DOCUMENTATION VIII. ACTIONS YOU HAVE TAKEN TO DATE: A. Advised Supervisor/Advisor/Professor (Name): Results: \_\_ B. Advised Director/Department Head (Name): Date: Results: C. ☐ Advised Dean/Vice President (Name): Date: — Results: D. Contacted **E. Filed Internal Procedure** F. Filed with External Agency ☐ Arizona Civil Rights Division ☐ Human Resources ☐ Staff Grievance ☐ Vice Provost for Academic Affairs ☐ Student Grievance □ EEOC # \_\_\_ ☐ Office for Civil Rights ☐ Student Life $\square$ Code of Conduct ☐ Faculty Grievance Committee $\square$ OFCCP ☐ Faculty Grievance ☐ Other: \_\_ IX. WHAT WOULD YOU CONSIDER APPROPRIATE RESOLUTION TO YOUR COMPLAINT?